PTO/SB/06 (07-06)

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/812,939			ling Date 31/2004	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY 🛛				HER THAN	
Н	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	OR	RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	_	N/A		N/A		N/A	1 LL (0)	1	N/A	TLE (0)	
П	SEARCH FEE	or (c))	N/A		N/A		N/A		1	N/A		
\vdash	(37 CFR 1.16(k), (i), (EXAMINATION FE		N/A		N/A		N/A		ł	N/A		
	(37 CFR 1.16(o), (p), TAL CLAIMS	or (q))					x \$ =		OR	x s =		
	CFR 1.16(i)) EPENDENT CLAIM	s	minus 20 =						-		-	
	CFR 1.16(h))		minus 3 = * If the specification and of		drawings avened 100		x \$ =		4	x s =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	ts of pape 50 (\$125 ional 50 s		on size fee due) for each on thereof. See							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))]			
* If	* If the difference in column 1 is less than zero, enter "0" in column 2.]	TOTAL		
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY				
AMENDMENT	06/05/2009	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.160))	· 18	Minus	23	= 0	1	X \$26 =	0	OR	x s =		
	Independent (37 CFR 1.16(h))	• 4	Minus	•••5	= 0	1	X \$110 =	0	OR	x s =		
	Application Size Fee (37 CFR 1.16(s))											
^	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
							TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE		
(Column 1) (Column 2) (Column 3)												
ENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,16())		Minus	*	=]	x \$ =		OR	x \$ =		
M	Independent (37 CFR 1.16(h))		Minus	***]	x \$ =		OR	x s =		
AMENDMENT	Application Size Fee (37 CFR 1.16(s))]]			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					1			OR			
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
" if the entry in column 1 is less than the entry in column 2, write "0" in column 3. " if the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

This collection of information is orquired by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public with in it is life (and by the USFTO to process) an application Confidentiality is operand by 38 US 6.2 22 and 37 CFR 1.4. 1 this collection is estimated to the 12 minutes to complete, encuding patherapy, preparing, and submitting the completed application form to the USFTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the CERF (information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.